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RESPONSE UNDER 37 C.F.R.
§1.116 EXPEDITED PROCEDURE
EXAMINING GROUP 3739

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Nobuyuki Doguchi, et al.

Examiner: John M. Mulcahy

Serial No: 09/743,994

Art Unit: 3739

Filed: January 17, 2001

Docket: 14198

For: ENDOSCOPE SYSTEM

Dated: January 12, 2004

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE UNDER 37 C.F.R. §1.116

Sir:

In response to the Official Action dated September 11, 2003, Applicants respectfully request the Examiner to reconsider the application in view of the following amendments and remarks.


Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

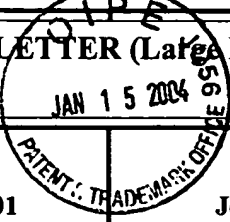
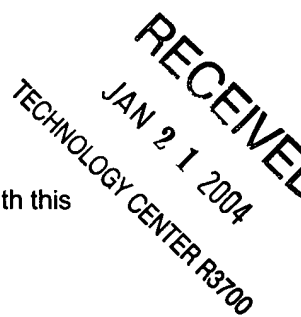


Remarks begin on page 13 of this paper.

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner of Patents and Trademarks, P.O. Box 1450, Alexandria, VA 22313-1450 on September 11, 2003

Dated: January 12, 2004


Steven Fischman

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 14198	
Applicant(s): Nobuyuki Doguchi, et al.					
Serial No. 09/743,994	Filing Date January 17, 2001		Examiner John M. Mulcahy	Group Art Unit 3739	
Invention: ENDOSCOPE SYSTEM					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	27 -	33 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	4 -	5 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<div style="float: right; text-align: right;">  </div> <div> <input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-1013/SSMP <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. </div>					
 Signature			Dated: January 12, 2004		
Steven Fischman Registration No. 34,594 Correspondence Address Customer No. 23389					
CC:			I certify that this document and fee is being deposited on 1/12/04 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  Signature of Person Mailing Correspondence Steven Fischman Typed or Printed Name of Person Mailing Correspondence		